

HARRY STACK SULLIVAN'S
INTERPERSONAL THEORY OF PSYCHIATRY
APPLIED TO
MILITARY CHAPLAIN COUNSELING

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In approaching the subject of mental disorder, I must emphasize that, in my view, persons showing mental disorder do not manifest anything specifically different in kind from what is manifested by practically all human beings. The only exceptions to this statement are those people who are very badly crippled by hereditary or birth injury factors.¹

Without debating the validity of Sullivan's opening statement in "Clinical Studies in Psychiatry," it is apparent, a priori, that he considered his theories of etiology and psychotherapy applicable to the counseling situations encountered by military chaplains. Such situations normally do not involve serious pathology and are the result of faulty interpersonal relations.

His techniques are of singular interest and value to the military chaplain since his work during 1941 and 1942 consisted in setting up procedures for screening draftees, of building morale and of developing effective leadership. He employs an objective language in describing his theory, a language which helps to span the gap between theory and observation. He kept his conceptual constructions closely tied to empirical observation, with the result that he seemed to be describing the concrete conduct of individuals readily applicable to current situations.

¹Harry Stack Sullivan, Clinical Studies in Psychiatry, (New York: W.W. Norton and Co., 1956), p. 3.

Sullivan considers functional mental illness, like mental health and all intermediate degrees, an outcome of interpersonal relations. Essentially, mental illness is an expression or manifestation of interpersonal relations complicated by illusory "me - you" patterns and a time and energy consuming set of ego defenses. It is these things which result in the "difficulties in living" from which patients suffer. Mental illness ultimately stems from inadequacies and irrational restrictions in the society of which the person is a member, shortcomings which are sometimes enhanced by rapid and confusing social changes, all of which are characteristic of military life as viewed by the disturbed soldier or his dependents. Sullivan urges recognition of this in the counseling situation when he defines personality as the "relatively enduring pattern of recurrent interpersonal situations which characterize a human life."² For him, personality is a hypothetical entity which cannot be isolated from interpersonal situations, and interpersonal behavior is all that can be observed as personality. Consequently, it is meaningless to speak of the individual as the object of study because the individual does not exist apart from his relations with other people. He regarded as destructive the point of view that the person who comes to the psychiatrist for help as a "case". The patient is, rather, a suffering human being, a victim of circumstances over which he had little or no control. He is not a determinist but, on the other hand, sentimentality has no place in therapy. Acceptance is essential but patients are not cured by "love".

²Harry Stack Sullivan, The Interpersonal Theory of Psychiatry, (New York: W.W. Norton and Co., 1953), p. 111.

The core of Sullivan's theory is based on communication as the operational element of psychiatry. It rests on the propositions that: (1) a large part of mental disorder results from and is perpetuated by inadequate communication, the communicative processes being interfered with by anxiety, and (2) each person in any two-person relationship is involved as a portion of an interpersonal field, rather than as a separate entity, in processes which affect and are affected by the field.

Along with modern social science and physics he considered field interaction the proper area of study rather than the isolated individual. He also thought that the scientific method could be applied to study of the patterns of action in the psychiatric interview to identify, observe and define them in a manner that would move the entire process to some extent away from the obscurity of an art and toward the clarity of a science.

Sullivan makes the assumption that anxiety is socially produced. Man is not by nature "the anxious animal." He is made anxious by the conditions under which he lives, by the spectre of unemployment, by intolerance and injustice, by threat of violence, by hostile parents, family or other significant factors. All of these threats are accentuated in the military situations. He disagrees, also, with Freud's contention that man is by nature destructive. Man may become destructive when his basic needs are frustrated, but even under conditions of frustration other avenues such as submission or withdrawal may be taken.

Sullivan's basic concept for psychotherapy is an "interview," an interpersonal situation of a special kind readily adaptable to the military counseling situation. In the interview, the psychiatrist, counselor or interviewer is always a "participant observer" never simply a "mirror" as considered by Freud. The term interview does not apply to a certain fixed period of time, but rather to a course of interpersonal events which may be encompassed to some degree in a single conference of sixty or ninety minutes' duration, or developed to a greater extent during the course of several meetings, or elaborated in the many sessions of intensive psychotherapy. Contained in a single psychiatric interview are the essential characteristics and movements of the more prolonged therapy. In the interview, the interviewer is always alert to the fact that he is interacting with his patient and that the situation is that in which he is involved often gives rise to many parataxic distortions in the client. To the extent that the psychiatrist is unconscious of his participation in the interview, he does not know or understand what is happening. Even silence of the interviewer on certain occasions during the interview can be fatal to further therapy, since, for example, it may signify that the therapist does not understand or is not interested. At the same time, Sullivan taught that silence is preferable to that type of statement which conveys an impression of esoteric knowledge without understanding. Therapy is effected by interpersonal relationship not by word magic.

It is the pattern of the course of events in the interview which provides the data that the interviewer must obtain if he is to help the

patient. He observes the ways in which the interpersonal occurrences follow one another, what striking inconsistencies occur, the timing and stress of what the patient says, the misunderstandings that may happen, the times when the patient gets off the subject to meaningless ramblings, etc. From such events the interviewer learns to infer the information he needs. At the same time, he reserves free association to quite unique situations all beyond the capabilities of the military counselor. Taking notes during the interview will block perception of the nonverbal communication, recordings were considered inadequate but superior to the verbatim as a teaching procedure to which it should be restricted.

The psychiatric interview is Sullivan's term for the type of interpersonal, face-to-face situation that takes place between the patient and the therapist. He defines the interview as "a system, or series of systems, of interpersonal processes, arising from participant observation in which the interviewer derives certain conclusions about the interviewed."³ He divides the interview into four stages: (1) the formal inception, (2) reconnaissance, (3) detailed inquiry, and (4) the termination.

Sullivan is very explicit about the role of the therapist in the interview situation and his attitudes beginning at the inception stage of the interview situation. He should never forget that he is earning

³Harry Stack Sullivan, The Psychiatric Interview, (New York: W.W. Norton and Co., 1954), p. 128.

his living as an expert in the area of interpersonal relations, and that the patient has a right to expect that he is going to learn something which will benefit him. The patient should feel this from the very first interview, and it should be continually reinforced throughout the course of treatment. Only by having such an attitude will the patient divulge information from which the interviewer can reach the proper conclusions regarding the patterns of living which are causing trouble for the patient. Obviously, the therapist should not use his expertise to obtain personal satisfaction or to enhance his prestige at the expense of the patient. The interviewer is not a friend or enemy, a parent or lover, a boss or employee, although the patient may cast him in one or more of these roles as a result of distorted parataxic thinking. The interviewer is an expert in interpersonal relations. Sullivan does not discuss transference and counter-transference as such because in his thinking there is no situation in which the interviewer is a neutral figure in the therapeutic field. He is a participant and the field of interpersonal action is altered by his presence. The social, interpersonal field is composed of the participants who are real people reflecting their previous experience in living. It is imperative that the military counselor have a clear concept of his own identity and the projected image to the client. In the inception stage, his role is to maintain an attitude of quiet observation without asking too many questions. He should try to determine the reasons for the patient's coming to him and the nature of his problem and deal with the immediate anxieties.

Sullivan's second stage of the interview, "Reconnaissance", which may take place in the initial interview or later, centers about who the patient or client is. The interviewer does this by means of an intensive interrogatory into the patient's personal data or biographical information. Sullivan does not advocate a structured type of questioning which adheres to a standard list of questions although the same information must be acquired. He insists that the interviewer should not let the client talk about irrelevant or trivial matters to maintain the concept that the interview is serious, professional business. The areas of the client's experience which must be dealt with in the therapy center around:

- (1) current events in his life outside the treatment situation and expectations in the therapy contract
- (2) his current relations with the interviewer in the treatment situation and expectations in the therapy contract
- (3) the events of his past which have formed behavior patterns

Information on current events will indicate the anxiety producing factors or symptoms of the present. These difficulties may dictate the procedures or techniques employed in treatment, for the military, ranging from personnel action, advice counseling, to referral. Counter to the classical Freudians, Sullivan maintains that these difficulties in the mentally ill do have to do with sexual problems, except incidentally, although he may present sexual problems as his actual difficulty. Sexual problems are symptoms of disordered interpersonal relations. However, when they are properly understood they may provide clues to what is impairing the

person's ability to live with people and, in the process of treatment may disappear.

The reasons for delving into the past are, again, a departure from the classical Freudian concepts to the fact that the client's difficulties may be masked by a variety of sophisticated operations. A knowledge of the past patterns provides information about the handicaps he has, since it reveals when arrests of development occurred and their probable consequences. For example, if a client has been bogged down in the "juvenile era", he may be very facile at competition co-operation and compromise but have little or no ability to achieve intimacy with people. This is significant if Sullivan's premise is accepted that intimacy is the greatest source of happiness in life and a bulwark against misfortune, suffering and sorrow.

By the end of the first two stages of the interview process, in a flexible framework, the interviewer should have formed a tentative hypothesis regarding the patient's problems and their origins. During the stage of detailed inquiry, the interviewer attempts to ascertain which of several hypotheses is the correct one. He does this by listening and asking appropriate questions. Sullivan suggests a number of areas which should be inquired into, such as toilet training, attitude toward the body of yourself and others, eating habits, ambition, and sexual activities. Here again, he does not insist upon any formal prospectus which should be rigidly followed, but does offer a system for inference.

During this stage of the interview, it is important for the interviewer to recall his role and awareness of the development of an anxiety situation in the process. The interviewer and the interviewee are motivated to meet with each other by certain obvious considerations whether in military or civilian status. The therapist looks upon the meeting as a way of practicing his profession and of earning his living. The patient comes in order to learn more of certain characteristics of his behavior which he finds to be in some way a handicap, with the prospect of altering these to his greater satisfaction. Despite such motivations, which would seem to favor the rapid progress of communication, an outstanding feature of interviews is the fact that the client will not find it simple to present his case, will frequently engage in evasions, the subtleties of which he may be unaware and may wish to withdraw from the situation before much benefit has been obtained. If he cannot tolerate intimacy in his situation, the interpersonal relationship of the interview becomes intolerable for him. The interviewer may find his work interfered with by his own anger, boredom, inattention or for the chaplain, more urgent requirements. All of these responses are inappropriate, or seemingly so, for the expert in the specialty of interpersonal relations. Therefore, both the interviewer and the interviewee, while strongly motivated to meet, are also driven by anxiety to withdraw from each other. This interplay of movements, multiple variations of advance and retreat, is characteristic of the field of the interview. The goal of interviewing, according to Sullivan, is not

to do away with these movements, but to recognize them, explore their origins, and come to an understanding of their significance in the current situation. For the interviewer, his experience of anxiety can be put to good use in his dealings with his patients, as well as others. No patient, and few people under any classification, come into the presence of another without considerable amounts of caution and some expectation of rebuff. The understanding of such blocks to communication, reflecting underlying anxiety and anticipation of hurt from another human, is a major goal of the interview. The interview itself may be looked upon as a miniature of all communicative processes, containing within it the essential qualities of all human relationships, and much data relevant to the getting along of people in any social setting.

The termination of the interview according to Sullivan is accomplished by the following four steps:

- (1) the interviewer makes a final statement to the interviewee summarizing what he has learned during the course of the interview
- (2) the interviewer gives the interviewee a prescription of action in which the interviewee is now to engage
- (3) the interviewer makes a final assessment of the probable effects on the life-course of the interviewee which may reasonably be expected from the statement and prescription
- (4) there is the formal leave-taking between the interviewer and the interviewee.⁴

Sullivan makes a distinction between the prescription of action and the giving of advice which are important for the counselor who is interviewing persons with a requirement for information and the person who is

⁴Ibid., p. 209.

seriously disturbed. In the former situation, a series of courses of action may be suggested with the probable effects on the long range program while in the latter case Sullivan projects a programmed course of action for adjustment of interpersonal relationships. Sullivan did not solve the problem of formal leave-taking but offers his frustration, the problems and the alternative courses of action.

Sullivan's psycho-sociological theory of interpersonal relationships in therapy is eminently well suited for adaptation to a scientific approach to counseling by the military chaplain in situations which do not involve intensive depth therapy but do require expertise in interpersonal relationships intensified by the inadequacies and stress of the military situation.

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